Case 17-22357 Doc 1 Filed 07/27/17 Entered 07/27/17 12:45:47 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	out Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name				
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Shannon First name M. Middle name	First name Middle name		
	Bring your picture identification to your meeting with the trustee.	Kent Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	st name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years				
	Include your married or maiden names.				
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2436			

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		1500 W. Touhy Apt. 1N Park Ridge, IL 60068	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Shannon M. Kent

Case number (if known)

ar	Tell the Court About	Your Ba	nkruptcy Ca	ise				
' .	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Requ</i> fpage 1 and check the ap		Individuals Filing for Bankruptcy	
	choosing to file under	Chapter 7						
		☐ Ch	apter 11					
		☐ Ch	apter 12					
		☐ Ch	apter 13					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	pically, if you are paying th	e fee yourself, you may pay w	e in your local court for more details vith cash, cashier's check, or money pay with a credit card or check with	
					tallments. If you choose ts (Official Form 103A).	his option, sign and attach the	Application for Individuals to Pay	
			but is not req applies to yo	uired to, waive y ur family size ar	your fee, and may do so one of the solon of	only if your income is less than	for Chapter 7. By law, a judge may, 150% of the official poverty line that choose this option, you must fill out le it with your petition.	
).	Have you filed for	■ N.						
-	bankruptcy within the	■ No.						
	last 8 years?	☐ Yes			When	Casa n	umb or	
			District District		When _ When	Case n Case n		
			District		When	Case n		
			District		WIIGH			
0.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.					
			Debtor			Relation	ship to you	
			District		When	Case nu	mber, if known	
			Debtor			Relation	ship to you	
			District		When _	Case nu	mber, if known	
1.	Do you rent your	□ No.	Go to I	ine 12.				
	residence?	■ Yes	Has yo	our landlord obta	ained an eviction judgmen	t against you and do you wan	t to stay in your residence?	
		. 30		No. Go to line	12.			
			_	Yes. Fill out <i>In</i> bankruptcy per		Eviction Judgment Against You	u (Form 101A) and file it with this	

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Deb	tor 1	Shannon M. Kent			Document F	age 4 of 54	Case number (if known)		
Part	t 3:	Report About Any Bu	sinesses	You Owr	as a Sole Proprietor				
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to	Part 4.				
			☐ Yes.	Name	and location of business				
	busin an in sepa as a	e proprietorship is a less you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name	e of business, if any				_
	If you sole	n have more than one proprietorship, use a rate sheet and attach		Numb	er, Street, City, State & ZIP Co	ode			
	it to t	his petition.		Chec	k the appropriate box to descri	be your business:			
					Health Care Business (as de	fined in 11 U.S.C. §	§ 101(27A))		
					Single Asset Real Estate (as	defined in 11 U.S.0	C. § 101(51B))		
					Stockbroker (as defined in 1	1 U.S.C. § 101(53A	A))		
					Commodity Broker (as define	ed in 11 U.S.C. § 10	01(6))		
					None of the above				
13.	Chap Bank	vou filing under oter 11 of the cruptcy Code and are a small business or?	deadlines	s. If you ir ns, cash-f	der Chapter 11, the court must adicate that you are a small but ow statement, and federal inco 1)(B).	siness debtor, you r	must attach your most re	ecent balance sheet,	, statement of
	Far a	definition of small	■ No.	I am ı	not filing under Chapter 11.				
	busir	ness debtor, see 11 C. § 101(51D).	□ No.	I am f Code	iling under Chapter 11, but I ar	n NOT a small busi	iness debtor according to	o the definition in the	e Bankruptcy
			☐ Yes.	I am f	iling under Chapter 11 and I ar	n a small business	debtor according to the	definition in the Ban	kruptcy Code.
Part	t 4:	Report if You Own or	Have Any	Hazardo	ous Property or Any Property	That Needs Imme	ediate Attention		
14.	-	ou own or have any	■ No.						
	alleg of im	erty that poses or is ed to pose a threat minent and difiable hazard to	☐ Yes.	What is	the hazard?				
	publ Or de	ic health or safety? byou own any erty that needs		If immed	liate attention is				

Number, Street, City, State & Zip Code

If immediate attention is needed, why is it needed?

Where is the property?

immediate attention? For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Shannon M. Kent

nnon M. Kent Case number (if known)

15. Tell the court whether

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

7/27/17 12:38PM

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document

Deb	tor 1 Shannon M.	Kent		Case number	(if known)
Part	6: Answer These	Questions for R	eporting Purposes		
16.	What kind of debts you have?	do 16a.		nsumer debts? Consumer debts are definantly, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		siness debts? Business debts are debts tement or through the operation of the busin	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you ow	ve that are not consumer debts or business	s debts
17.	Are you filing unde Chapter 7?	r 🗆 No.	I am not filing under Chapter 7	7. Go to line 18.	
	Do you estimate the after any exempt property is exclude administrative expeare paid that funds be available for distribution to unsecond	d and enses will		o you estimate that after any exempt prope ilable to distribute to unsecured creditors?	erty is excluded and administrative expenses
	creditors?				
18.	How many Creditor you estimate that y owe?		99	□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assebe worth?	□ \$50,0 □ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabil to be?	☐ \$50,0 ☐ \$100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have ex	amined this petition, and I decla	are under penalty of perjury that the inform	nation provided is true and correct.
				I am aware that I may proceed, if eligible, lief available under each chapter, and I cho	
				ot pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this
		I request	relief in accordance with the ch	napter of title 11, United States Code, spec	rified in this petition.
		bankrupt and 3571	cy case can result in fines up to	concealing property, or obtaining money or \$250,000, or imprisonment for up to 20 years.	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Shanno	on M. Kent e of Debtor 1	Signature of Debtor	2

Executed on

MM / DD / YYYY

Executed on July 27, 2017 MM / DD / YYYY

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Debtor 1 Shannon M. Kent Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	July 27, 2017	
Signature of Attorney for Debtor		MM / DD / YYYY	_
B. 114 O			
David M. Siegel			
Printed name			
David M. Siegel & Associates			
Firm name			
790 Chaddick Drive			
Wheeling, IL 60090			
Number, Street, City, State & ZIP Code			
Contact phone (847) 520-8100	Email address		
Contact phone (847) 520-8100	Email address		
#06207611			
Bar number & State			

Fill in this information to identify your case:

Debtor 1

Shannon M. Kent
First Name
Middle Name
Last Name

Debtor 2
(Spouse if, filing)
First Name
Middle Name
Last Name

United States Bankruptcy Court for the:
NORTHERN DISTRICT OF ILLINOIS

☐ Check if this is an amended filing

Official Form 106Sum

Case number (if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,410.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	17,410.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	39,019.00
	Your total liabilities	\$	39,019.00
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,716.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,673.00
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Shannon M. Kent Document Page 9 of 54
Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Bort 4 on Schodule E/E convitte following:	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Document Page 10 of 54 Fill in this information to identify your case and this filing: Debtor 1 Shannon M. Kent First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. \square Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Who has an interest in the property? Check one 3.1 Make: the amount of any secured claims on Schedule D: Juke Model: ☐ Debtor 1 only Creditors Who Have Claims Secured by Property. 2013 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Co-Signer - Larry mcMurran \$7,900.00 \$3,950.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3,950.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Debtor 1	Shannon M. Kent		Document	Page 11 of 54 Case number (if known)	
■ Yes.	Describe				
	House	hold Goods	s & Furniture		\$550.00
□No				pment; computers, printers, scanners; music o	collections; electronic devices
	TV & E	lectronics			\$550.00
Example ■ No □ Yes.	other collections, memo	orabilia, colle		ooks, pictures, or other art objects; stamp, coin	, or baseball card collections;
Example No	ent for sports and hobbie les: Sports, photographic, e musical instruments Describe		other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No	ms ples: Pistols, rifles, shotgun Describe	s, ammunitio	n, and related equipmer	nt	
□ No	ples: Everyday clothes, furs Describe	s, leather coa	ts, designer wear, shoes	s, accessories	
	Norma	l Clothes			\$800.00
■ No □ Yes.	ples: Everyday jewelry, cos Describe	tume jewelry,	engagement rings, wed	dding rings, heirloom jewelry, watches, gems, g	gold, silver
Exam _l ■ No	nrm animals ples: Dogs, cats, birds, hors Describe	ses			
■ No	ther personal and househ		u did not already list,	including any health aids you did not list	
	the dollar value of all of y art 3. Write that number h		_ · · · · · · · · · · · · · · · · · · ·	any entries for pages you have attached	\$1,900.00
	escribe Your Financial Assets				
Do you ov	wn or have any legal or ed	quitable inter	est in any of the follow	ving?	Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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Case number (if known) Document Debtor 1 Shannon M. Kent 16 Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking Chase Bank \$675.00 **BMO** \$0.00 Savings 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: **IRA ERISA Qualified** Debtor to receive part of ex-husband \$7,085.00 retirement funds, once ex-husband is retired. 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others \square No Institution name or individual: Yes. Rental deposit **Security Deposit** \$500.00 non-refundable 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Official Form 106A/B Schedule A/B: Property

De	ebtor 1	Case 17	7-22357 M. Kent	Doc 1	Filed 07/27/17 Document	Entered 07/27 Page 13 of 54	7/17 12:45:47 ase number (if known)	Desc Main	7/27/17 12:38PM
	☐ Yes.			me and des	cription. Separately file th	e records of any interes	sts.11 U.S.C. § 521(c)	:	
	■ No	s, equitable or . Give specific			erty (other than anythin	g listed in line 1), and	rights or powers exe	ercisable for your	benefit
	Exam _i ■ No		omain names	s, websites, p	ets, and other intellectu proceeds from royalties a		is .		
	Exam _i ■ No	ses, franchises aples: Building p	ermits, exclu	sive licenses	ingibles s, cooperative association	n holdings, liquor licens	es, professional licens	ses	
M	oney or	property owe	d to you?					Current value portion you Do not deduce claims or execution.	own? ct secured
	■ No	efunds owed to		oout them, in	cluding whether you alre	ady filed the returns and	d the tax years		
29.	Exam _i	y support oples: Past due . Give specific in	·		ousal support, child suppo	ort, maintenance, divorc	e settlement, property	r settlement	
				Chil	d Support monthly		Child Support		\$1,300.00
	Exam _i ■ No	benefits;	ages, disabili unpaid loans	rou ty insurance	payments, disability ben o someone else	efits, sick pay, vacation			
	■ No □ Yes.	pples: Unpaid was benefits; . Give specific sts in insurance.	ages, disabili unpaid loans information ce policies	r ou ty insurance you made to	payments, disability ben		pay, workers' compe	·	
	■ No □ Yes. Interes Exam □ No	pples: Unpaid we benefits; . Give specific sts in insurance pples: Health, di	ages, disabili unpaid loans information ce policies sability, or life urance compa	you ty insurance you made to e insurance;	payments, disability ben someone else		pay, workers' compe	·	curity
	■ No □ Yes. Interes Exam □ No	pples: Unpaid we benefits; . Give specific sts in insurance pples: Health, di	ages, disabili unpaid loans information ce policies sability, or life urance compa Com	you ty insurance you made to e insurance; any of each p	payments, disability ben because someone else health savings account (bolicy and list its value.	HSA); credit, homeown	pay, workers' compe er's, or renter's insuran y: on is the ary on	nce Surrender c	curity
31.	■ No □ Yes. Interes Exam □ No ■ Yes. Any in If you some of No	nples: Unpaid we benefits; . Give specific sts in insurance poles: Health, die. Name the insurance poles: Health properties in properties in properties the benefic one has died.	ages, disabilitunpaid loans information ce policies sability, or life urance compa Comp Who erty that is disary of a living	ty insurance you made to e insurance; any of each pany name:	payments, disability ben because someone else health savings account (bolicy and list its value.	HSA); credit, homeown Benefician minor so beneficia insuranc	pay, workers' compe er's, or renter's insurant y: on is the ary on e	nce Surrender o value:	or refund
31.	■ No □ Yes. Interese Exam, □ No ■ Yes. Any in If you somed ■ No □ Yes. Claims Exam,	nples: Unpaid we benefits; . Give specific sts in insurance pples: Health, dient insurance p	ages, disabilitunpaid loans information ce policies sability, or life urance compa Comp Who erty that is disary of a living information	ty insurance; e insurance; any of each pany name: ple Life Insurance; use you from g trust, expe	payments, disability ben o someone else health savings account (policy and list its value. urance n someone who has die	HSA); credit, homeown Beneficiar minor so beneficia insurance d surance policy, or are co	pay, workers' compe er's, or renter's insurantly: on is the ary on e	nce Surrender o value:	or refund
31.	■ No □ Yes. Interese Example No ■ Yes. Any in If you some of No □ Yes. Claims Example No	nples: Unpaid we benefits; . Give specific sts in insurance pples: Health, dient insurance p	ages, disabilitunpaid loans information ce policies sability, or life urance compa Comp Who erty that is disiary of a living information parties, who	ty insurance; e insurance; any of each pany name: ple Life Insurance; use you from g trust, expe	payments, disability ben o someone else health savings account (policy and list its value. urance n someone who has die ct proceeds from a life in	HSA); credit, homeown Beneficiar minor so beneficia insurance d surance policy, or are co	pay, workers' compe er's, or renter's insurantly: on is the ary on e	nce Surrender o value:	or refund

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Case number (if known) Document Debtor 1 Shannon M. Kent 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$11,560.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

List the Totals of Each Part of this Form

Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$3,950.00 Part 3: Total personal and household items, line 15 57. \$1,900.00 58. Part 4: Total financial assets, line 36 \$11,560.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$17,410.00 Copy personal property total \$17,410.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$17,410.00

		Docume	nt Page 15 of 54	7/21/17 12:38PP
Fill in this infor	mation to identify your	case:		
Debtor 1	Shannon M. Kent	:		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Proper	y You Claim as Exempt
-----------------------------	-----------------------

1.	Which set of exemptions are	you claiming?	Check one only.	even if your s	pouse is filing	with yo	эu

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2013 Nissan Juke Co-Signer - Larry mcMurran	\$3,950.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
2013 Nissan Juke Co-Signer - Larry mcMurran	\$3,950.00		\$1,550.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Household Goods & Furniture	\$550.00		\$550.00	735 ILCS 5/12-1001(b)
Elle Holli Galledale 74 B. G.1			100% of fair market value, up to any applicable statutory limit	
TV & Electronics Line from Schedule A/B: 7.1	\$550.00		\$300.00	735 ILCS 5/12-1001(b)
Elle Holli Galledale 74 B. 7.1			100% of fair market value, up to any applicable statutory limit	
Normal Clothes Line from Schedule A/B: 11.1	\$800.00		\$800.00	735 ILCS 5/12-1001(a)
Line IIOIII Scriedule A/D. 1111			100% of fair market value, up to any applicable statutory limit	

Case 17-22357

escription of the property and line on ule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B	CHE	eck offiny offe box for each exemption.	
_	\$675.00		\$675.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
•	\$0.00		\$0.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
ERISA Qualified	\$7,085.00		\$7,085.00	735 ILCS 5/12-1006
ment funds, once ex-husband is			100% of fair market value, up to any applicable statutory limit	
om Schedule A/B: 21.1				
	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
	\$1,300.00		\$1,300.00	735 ILCS 5/12-1001(g)(4)
			100% of fair market value, up to any applicable statutory limit	
	\$2,000.00		\$2,000.00	215 ILCS 5/238
ficiary on insurance			100% of fair market value, up to any applicable statutory limit	
	eking: Chase Bank from Schedule A/B: 17.1 Ings: BMO from Schedule A/B: 17.2 ERISA Qualified for to receive part of ex-husband from funds, once ex-husband is find. from Schedule A/B: 21.1 al deposit: Security Deposit frefundable from Schedule A/B: 22.1 I Support: Child Support fichly from Schedule A/B: 29.1 The Life Insurance ficiary: minor son is the ficiary on insurance from Schedule A/B: 31.1	Richards Chase Bank som Schedule A/B: 17.1 Ings: BMO som Schedule A/B: 17.2 ERISA Qualified \$7,085.00 For to receive part of ex-husband send funds, once ex-husband is ed. som Schedule A/B: 21.1 Form Schedule A/B: 21.1 Is Support: Child Support shly som Schedule A/B: 29.1 ELife Insurance ficiary: minor son is the ficiary on insurance \$2,000.00	king: Chase Bank from Schedule A/B: 17.1 Ings: BMO from Schedule A/B: 17.2 ERISA Qualified for to receive part of ex-husband from Schedule A/B: 21.1 al deposit: Security Deposit frefundable from Schedule A/B: 22.1 Isupport: Child Support ficiary: minor son is the fficiary on insurance \$2,000.00	king: Chase Bank orm Schedule A/B: 17.1 September Schedule A/B: 17.1 September Schedule A/B: 17.2 September Schedule A/B: 17.2 September Septembe

Fill in this inform	nation to identify your	case:		
Debtor 1	Shannon M. Kent			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)		-		☐ Check if the
				amended

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - \square Yes. Fill in all of the information below.

	Jase 17 22007 1000 1	Document I	Page 18	3 of 54	7/27/17 12:38PN
Fill in this info	ormation to identify your case:				
Debtor 1	Shannon M. Kent				
		Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States I	Bankruptcy Court for the: NOR	THERN DISTRICT OF ILLIN	IOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Fo	rm 106E/F				
	E/F: Creditors Who H	Have Unsecured C	laims		12/15
Be as complete a	and accurate as possible. Use Part 1	I for creditors with PRIORITY of	claims and F	Part 2 for creditors with NON	NPRIORITY claims. List the other party to
Schedule D: Credeft. Attach the C		Property. If more space is nee	eded, copy t	he Part you need, fill it out,	number the entries in the boxes on the cop of any additional pages, write your
Part 1: List	All of Your PRIORITY Unsecure	ed Claims			
-	ditors have priority unsecured claim	s against you?			
No. Go to	o Part 2.				
☐ Yes.					
Part 2: List	All of Your NONPRIORITY Uns	ecured Claims			
3. Do any cred	ditors have nonpriority unsecured cl	laims against you?			
☐ No. You	have nothing to report in this part. Sub	mit this form to the court with you	ur other sche	dules.	
Yes.					
unsecured c	our nonpriority unsecured claims in claim, list the creditor separately for each ditor holds a particular claim, list the o	ch claim. For each claim listed, id	dentify what t	ype of claim it is. Do not list cl	aims already included in Part 1. If more
					Total claim
	ra Health Care Southern Lak	Last 4 digits of account	nt number	0300	\$265.00
•	ority Creditor's Name 75th Street	When was the debt in	currod?	Opened 05/16	
	sha, WI 53142	When was the debt in	curreu:	Opened 03/10	
	r Street City State Zlp Code	As of the date you file	, the claim i	s: Check all that apply	
Who in	curred the debt? Check one.				
Deb	otor 1 only	☐ Contingent			
☐ Deb	otor 2 only	☐ Unliquidated			
☐ Deb	otor 1 and Debtor 2 only	☐ Disputed			
☐ At le	east one of the debtors and another	Type of NONPRIORITY	Y unsecured	l claim:	
☐ Che debt	eck if this claim is for a community	Student loans			
	claim subject to offset?	Obligations arising of the control of the contro		ration agreement or divorce the	nat you did not
■ No		Debts to pension or	profit-sharin	g plans, and other similar deb	ts
☐ Yes		Other. Specify	ollections		

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2 Aurora Medical Group	Last 4 digits of account number	5964	\$210.00
Nonpriority Creditor's Name PO Box 49	When was the debt incurred?	Opened 06/16	
Pittsburgh, PA 15230-0049	_		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt	Student loans		
Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	Other Specify Collections	<u> </u>	
Aurora Medical Group	Last 4 digits of account number	7316	\$170.00
Nonpriority Creditor's Name	_		·
PO Box 49 Pittsburgh, PA 15230-0049	When was the debt incurred?	Opened 12/15	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.		,	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Collections	S	
Aurora Medical Group	Last 4 digits of account number	9753	\$76.00
Nonpriority Creditor's Name	_		
PO Box 49 Pittsburgh, PA 15230-0049	When was the debt incurred?	Opened 02/15 Last Active 6/16/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Collections	5	

Debtor 1 Shannon M. Kent

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Debtor	1 Shannon M. Kent	——————————————————————————————————————	Case number (if know)			
4.5	Aurora Medical Group Nonpriority Creditor's Name	Last 4 digits of account number	7774	\$64.00		
	PO Box 49	When was the debt incurred?	Opened 07/16			
	Pittsburgh, PA 15230-0049					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Collections				
4.6	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number	9230	\$11,525.00		
	Bankruptcy Department		Opened 04/06 Last Active			
	CA6-919-0241, PO Box 5170	When was the debt incurred?	9/06/12			
	Simi Valley, CA 93062 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	7.6 of the date you me, the claim.	o. Onook an that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Purchases				
4.7	Berkshire Bank	Last 4 digits of account number	5589	\$49.00		
	Nonpriority Creditor's Name			· · · · · · · · · · · · · · · · · · ·		
	Po Box 472 Kingston, NJ 08528	When was the debt incurred?	Opened 03/17 Last Active 4/09/17			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Purchases				

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Debto	Shannon M. Kent	Case number (if know)	
4.8	CB/Carsons Nonpriority Creditor's Name	Last 4 digits of account number	\$189.00
	PO Box 182789 Columbus, OH 43218	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Purchases	
4.9	CB/Carsons	Last 4 digits of account number	\$188.00
	Nonpriority Creditor's Name PO Box 182789 Columbus, OH 43218	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Purchases	
4.1	CB/HSN	Last 4 digits of account number	\$600.00
	Nonpriority Creditor's Name PO Box 182120	When was the debt incurred?	
	Columbus, OH 43218-2120 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Purchases	

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4.1 1	Chase Home Finance LLC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 24696 Columbus, OH 43224	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice Only Mortgage Deficiency	
4.1 2	Citi Nonpriority Creditor's Name	Last 4 digits of account number 8215	\$8,993.00
	Attn: Bankruptcy Department PO Box 6241	When was the debt incurred? Opened 12/15	
	Sioux Falls, SD 57717 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collections	
4.1 3	Comcast	Last 4 digits of account number 9536	\$290.00
	Nonpriority Creditor's Name PO Box 3002 Southeastern, PA 19398-3002	When was the debt incurred? Opened 10/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collections	

Debtor 1 Shannon M. Kent

Document

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Debtor	1 Shannon M. Kent		Case number (if know)	
4.1	Discover Bank	Last 4 digits of account number	6751	\$9.558.00
4	Nonpriority Creditor's Name			, -,
	PO Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 12/09 Last Active 9/11/12	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Purchases		
4.1 5	Sprint	Last 4 digits of account number	2590	\$390.00
	Nonpriority Creditor's Name PO Box 4191 Carol Stream, IL 60197-4191	When was the debt incurred?	Opened 03/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Collections	i	
4.1	Syncb/Home Shopping Nonpriority Creditor's Name	Last 4 digits of account number	7957	\$0.00
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 11/07 Last Active 12/05/08	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify NOTICE ON	ILY	

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Debto	Shannon M. Kent	——————————————————————————————————————	Case number (if know)	
4.1	Verizon	Last 4 digits of account number	7003	\$1,216.00
	Nonpriority Creditor's Name Bankruptcy Nat'l Recovery Dept PO Box 26055	When was the debt incurred?	Opened 06/15	
	Minneapolis, MN 55426 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	П		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	Other. Specify Collections	<u> </u>	
4.1 8	We Energies	Last 4 digits of account number	1650	\$890.00
	Nonpriority Creditor's Name PO Box 2046 Milwaukee, WI 53201-2046	When was the debt incurred?	Opened 12/08/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collections		
4.1 9	World Financial	Last 4 digits of account number	2105	\$2,586.00
	Nonpriority Creditor's Name 4060 Northpoint Blvd. Waukegan, IL 60085	When was the debt incurred?	Opened 02/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only			
		☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured		
	At least one of the debtors and another Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims		
	■ No	Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Collections		
	— 100	Other, Specify		

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4.2 **World Financial** \$1,760.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 4060 Northpoint Blvd. When was the debt incurred? **Opened 06/14** Waukegan, IL 60085 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Alliance Collection Ag Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3916 S Business Park Ave ■ Part 2: Creditors with Nonpriority Unsecured Claims Marshfield, WI 54449 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Alliance Collection Aq Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3916 S Business Park Ave Part 2: Creditors with Nonpriority Unsecured Claims Marshfield, WI 54449 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Bank of America Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 982238 Part 2: Creditors with Nonpriority Unsecured Claims El Paso, TX 79998-2238 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Cavalry Portfolio Serv** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 500 Summit Lake Drive Part 2: Creditors with Nonpriority Unsecured Claims Valhalla, NY 10595 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Citi Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6500 Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117-6500 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 769006 Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Comcast Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** Part 2: Creditors with Nonpriority Unsecured Claims 11621 E. Marginal Way 5 Tukwila, WA 98168-1965 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address Official Form 106 E/F

Debtor 1 Shannon M. Kent

Page 26 of 54 Document Case number (if know) Debtor 1 Shannon M. Kent **Comenity Bank/Carsons** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3100 Easton Square Pl. Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43219 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Comenity Bank/Carsons** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3100 Easton Square Pl. ■ Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43219 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Debt Cr Svc Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2493 Romig Road Part 2: Creditors with Nonpriority Unsecured Claims Akron, OH 44320 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Discover Bank** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 15316 ■ Part 2: Creditors with Nonpriority Unsecured Claims Wilmington, DE 19850 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Enhanced Recovery Co L** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8014 Bayberry Rd ■ Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32256 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? IC Systems, Inc. Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 64378 ■ Part 2: Creditors with Nonpriority Unsecured Claims Saint Paul, MN 55164-0378 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? IC Systems, Inc. Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 64437 ■ Part 2: Creditors with Nonpriority Unsecured Claims Saint Paul, MN 55164-0437 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Jeffersncp (Jefferson Capital Syste Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 16 McLeland Rd. ■ Part 2: Creditors with Nonpriority Unsecured Claims Saint Cloud, MN 56303 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Portfolio Recovery Ass** Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd Ste 1 Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23502 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Portfolio Recovery Ass** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd Ste 1 Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23502 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Professional Placement** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 272 N 12th St ■ Part 2: Creditors with Nonpriority Unsecured Claims Milwaukee, WI 53233 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Sprint Corp. Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attn: Bankruptcy Dept.

Part 2: Creditors with Nonpriority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

PO Box 7949 Overland Park, KS 66207-0949 Document

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Debtor 1 Shannon M. Kent

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 39,019.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 39,019.00

		DUGUILE	III PAUE / O UI : 34	
Fill in this infor	mation to identify your	case:		
Debtor 1	Shannon M. Kent			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 JNL Management Services, LLC 304 Touhy #42 Park Ridge, IL 60068	Yearly 10/17

		Documer	nt Page 29 o	of 54	7/27/17 12:38PI
Fill in this in	nformation to identify your	case:			
Debtor 1	Shannon M. Kent				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case numbe	er				☐ Check if this is an amended filing
Official	Form 106H				
Schedu	ıle H: Your Cod	ebtors			12/15
1. Do you No Yes 2. Within Arizona,	nd case number (if known). Du have any codebtors? (If y In the last 8 years, have you California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	rou are filing a joint case, do lived in a community pro Nevada, New Mexico, Pue	perty state or territory rto Rico, Texas, Washi	y? (Community property state	es and territories include
in line 2	e again as a codebtor only it 16D), Schedule E/F (Official	that person is a guaranto	or or cosigner. Make s	sure you have listed the cre	n you. List the person shown editor on Schedule D (Official dule E/F, or Schedule G to fill
	olumn 1: Your codebtor me, Number, Street, City, State and Zll	² Code		Column 2: The creditor Check all schedules tha	to whom you owe the debt t apply:
3.1				☐ Schedule D, line	
Na	ame			☐ Schedule E/F, line ☐ Schedule G, line	
Nu Cit	umber Street ty	State	ZIP Code	_	
3.2				☐ Schedule D, line	
	ame			☐ Schedule E/F, line ☐ Schedule G, line	
Nu	ımher Street			_	

State

City

ZIP Code

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Fill	in this information	to identify your ca	ase:								
Del	btor 1	Shannon M.	Kent			_					
	btor 2 buse, if filing)					_					
Uni	ited States Bankru	ptcy Court for the	: NORTHERN DISTRIC	T OF ILLINOIS							
_	se number							ed fil ent s	show	ving postpetition e following date:	
0	fficial Form	<u> 106l</u>					MM / DD/	YYY	Y		
S	chedule I:	Your Inco	ome				WIWI 7 557		•		12/15
sup spo atta	plying correct information use. If you are seight a separate she	ormation. If you parated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and yo th you, do not in	ur spouse clude infor	is liv mati	ring with you, inc on about your sp	lude ouse	info e. If ı	ormation about more space is	your needed,
1.	Fill in your emp information.	loyment		Debtor 1			Debtor	2 or	non	-filing spouse	
	attach a separate information about	have more than one job, a separate page with nation about additional		■ Employed□ Not employe	d		☐ Emp	-		t	
	employers.		Occupation	Executive As	sistant						
	Include part-time self-employed we		Employer's name	Lar's Sewer 7	' Plumblin	g					
	Occupation may or homemaker, it		Employer's address	PO Box 615 Park Ridge, I	L 60068						
			How long employed th	nere? 4 yea	ars						
Pai	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If y	ou have nothing t	o report for	any	line, write \$0 in the	e spa	ace. I	Include your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co this form.	mbine the informa	ation for all e	empl	oyers for that pers	on o	n the	e lines below. If	you need
							For Debtor 1			Debtor 2 or filing spouse	
2.	, ,	· ·	ry, and commissions (becalculate what the monthly		2.	\$	1,750.00	. \$	\$	N/A	
3.	Estimate and lis	st monthly overti	ime pay.		3.	+\$	0.00	. +	-\$_	N/A	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	1,750.00		\$	N/A	ı

Deb	tor 1	Shannon M. Kent	-	(Case number (if ki	nown)				
					For Debtor 1			or Debtor on-filing s		
	Cop	by line 4 here	4.		\$ 1,750	0.00	\$	g	N/A	<u> </u>
5.	l iet	all payroll deductions:								
Э.	5a.	Tax, Medicare, and Social Security deductions	58	,	\$ 350		\$		NI/A	
	5a. 5b.	Mandatory contributions for retirement plans	5k			0.00 0.00	\$		N/A N/A	_
	5c.	Voluntary contributions for retirement plans	50		·	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	50		· : — — · · ·	0.00	\$		N/A	_
	5e.	Insurance	56	э.	. —	0.00	\$		N/A	_
	5f.	Domestic support obligations	5f	i.	\$	0.00	\$		N/A	_
	5g.	Union dues	50	-		0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	Դ.+	\$	0.00	+ \$		N/A	<u>.</u>
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.00	. \$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$1,400	0.00	. \$		N/A	<u>. </u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	3	\$		\$		N/A	
	8b.	Interest and dividends	8k		·	0.00 0.00	Ψ 2		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce					Ф.			_
	8d.	settlement, and property settlement. Unemployment compensation	80 80		\$1,300 \$	0.00	. \$. \$		N/A N/A	_
	8e.	Social Security	86		· : ————	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link Card	e 8f	f	\$ 16	5.00	\$		N/A	_
	8g.	Pension or retirement income	_ 80			0.00	\$		N/A	
	8h.	Other monthly income. Specify:		n.+			+ \$		N/A	_
_				Г			_			
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	· [\$1,316	5.00	\$		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,716.00	+ \$		N/A	= \$	2,716.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.] [
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excity:	dep					n Schedul	e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certainlies							\$	2,716.00
									Combi	ned ly income
13.	Do	you expect an increase or decrease within the year after you file this form No.	?						5	.,
		No. Yes. Explain:								

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Fill	in this information to identify your case:						
Deb	otor 1 Shannon M. Kent			Ch	eck if t	his is:	
			_			mended filing	
	otor 2 ouse, if filing)						ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: NORTHERI	N DISTRICT OF ILLING	OIS		MM	/ DD / YYYY	
l	se number						
(II K	nown)						
0	fficial Form 106J						
S	chedule J: Your Expense	es					12/15
Be info	as complete and accurate as possible. If to ormation. If more space is needed, attach a mber (if known). Answer every question.	wo married people are	e filing together, both a form. On the top of any	are ed / addi	ually i	responsible fo pages, write y	r supplying correct our name and case
Par 1.	Describe Your Household Is this a joint case?						
	■ No. Go to line 2.						
	☐ Yes. Does Debtor 2 live in a separate I	nousehold?					
	☐ No☐ Yes. Debtor 2 must file Official Fo	orm 106J-2, <i>Expenses</i>	for Separate Household	of De	ebtor 2		
2.	Do you have dependents? ☐ No						
	Do not list Debtor 1 and Yes Fill	out this information for the dependent	Dependent's relations Debtor 1 or Debtor 2	hip to		Dependent's age	Does dependent live with you?
		·					□ No
	Do not state the dependents names.		Son			11	■ Yes
	·						□ No
							☐ Yes
							☐ No
							☐ Yes
							☐ No
							☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?	;					
Par	t 2: Estimate Your Ongoing Monthly Ex	penses					
exp	timate your expenses as of your bankrupto penses as of a date after the bankruptcy is plicable date.						
the	elude expenses paid for with non-cash gove value of such assistance and have include ficial Form 106I.)					Your expe	enses
4.	The rental or home ownership expenses payments and any rent for the ground or lot	•	nclude first mortgage	4.	\$		1,800.00
	If not included in line 4:						
	4a. Real estate taxes			4a.	\$		0.00
	4b. Property, homeowner's, or renter's in	surance		4b.	*		0.00
	4c. Home maintenance, repair, and upke			4c.	\$		0.00
	4d. Homeowner's association or condom	inium dues		4d.	\$		0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1	Shannor	n M. Kent	Case number	er (if known)	
6. Uti	lities:				
6a.	. Electricity	, heat, natural gas	6a. \$	3	80.00
6b.	. Water, se	wer, garbage collection	6b. \$		0.00
6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c. \$		367.00
6d.	Other. Spe	ecify:	6d. \$		0.00
7. Fo	od and hous	ekeeping supplies	7. 9		400.00
8. Ch	ildcare and o	children's education costs	8. 9		500.00
9. Cl c	othing, laund	ry, and dry cleaning	9. \$		75.00
	-	products and services	10. 9		75.00
	-	ntal expenses	11. \$		0.00
		Include gas, maintenance, bus or train fare.	· ·		
	not include c		12. \$	5	160.00
13. En t	tertainment,	clubs, recreation, newspapers, magazines, and bo	oks 13. §	3	0.00
14. Ch	aritable cont	ributions and religious donations	14. \$	3	0.00
15. Ins	surance.				
		surance deducted from your pay or included in lines 4			
	 a. Life insura 		15a. \$		100.00
15b	b. Health ins	urance	15b. \$	<u> </u>	0.00
150	c. Vehicle in	surance	15c. \$	S	116.00
150	d. Other insu	ırance. Specify:	15d. \$	S	0.00
		clude taxes deducted from your pay or included in line			
	ecify:		16. \$	S	0.00
		ease payments:			
		ents for Vehicle 1	17a. \$		0.00
		ents for Vehicle 2	17b. \$		0.00
	c. Other. Sp	-	17c. §		0.00
	d. Other. Spe		17d. \$	S	0.00
		of alimony, maintenance, and support that you did		•	0.00
		your pay on line 5, Schedule I, Your Income (Offici	ai i oi iii iooi <i>j</i> .		
		s you make to support others who do not live with			0.00
	ecify:	arty averages not included in lines 4 or 5 of this fo	19.	v Incomo	
		erty expenses not included in lines 4 or 5 of this fo s on other property	20a. S		0.00
	b. Real estat	• • •	20b. S		0.00
		homeowner's, or renter's insurance	20c. 9		0.00
			20d. 3		
		nce, repair, and upkeep expenses	· ·		0.00
		er's association or condominium dues	20e. \$		0.00
21. Otł	her: Specify:		21	-\$	0.00
22. Ca l	Iculate vour	monthly expenses			
	a. Add lines 4	• •		\$	3,673.00
22t	b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official	Form 106J-2	\$	
		a and 22b. The result is your monthly expenses.		\$	3,673.00
220	5. 7 GG III G 22	a and 225. The result is your monthly expenses.		Ψ	3,073.00
23. Ca l	Iculate your	monthly net income.	_		
238	a. Copy line	12 (your combined monthly income) from Schedule I.	23a. \$	3	2,716.00
23b	b. Copy your	monthly expenses from line 22c above.	23b	\$	3,673.00
			Г		
230		our monthly expenses from your monthly income.	20 - 1		-057.00
	The result	is your monthly net income.	23c. S)	-957.00
For	example, do yo	an increase or decrease in your expenses within thou expect to finish paying for your car loan within the year or d			ecrease because of a
_		terms of your mortgage?			
	No.				
	Yes.	Explain here:			

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Fill in this info	ormation to identify your	case:			
Debtor 1	Shannon M. Kent				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				☐ Check if t	his is an
Official Fo	orm 106Dec				
Declara	ation About a	n Individual	Debtor's Sch	hedules	12/15
	. 18 U.S.C. §§ 152, 1341, 1 iign Below	519, and 3571.			
Did you	pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes	. Name of person			Attach Bankruptcy Petition Prepa Declaration, and Signature (Office	
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	l with this declaration and	
X /s/ S	hannon M. Kent		Х		
Shar	nnon M. Kent ature of Debtor 1		Signature of D	Debtor 2	
Date	July 27, 2017		Date		

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Fi	II in this inforn	nation to identify you	r case:			
De	ebtor 1	Shannon M. Ker	nt			
_		First Name	Middle Name	Last Name		
1 '	ebtor 2 oouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS		
	ase number				_	Check if this is an mended filing
St Be infe	as complete a	of Financial and accurate as possiore space is needed,	Affairs for Individ	re filing together, both are	equally responsible for sup	
	•	n). Answer every que		Live d Before		
			arital Status and Where You	Lived Before		
1.	■ Married ■ Not mar	current marital statu	is?			
2.	During the la	ast 3 years, have you	lived anywhere other than w	vhere you live now?		
		t all of the places you l	ived in the last 3 years. Do not	t include where you live now Debtor 2 Prior Ad		Dates Debtor 2
	477 N Nort Park Ridge		lived there From-To: 6/13 - 9/16	☐ Same as Debtor 1		lived there ☐ Same as Debtor 1 From-To:
	tes and territori No Yes. Ma	es include Árizona, Ca	ver live with a spouse or legalifornia, Idaho, Louisiana, Nevinedule H: Your Codebtors (Off	ada, New Mexico, Puerto Ri		
	•					
4.	Fill in the tota If you are filin	I amount of income yo	nployment or from operating u received from all jobs and al have income that you receive	I businesses, including part-	time activities.	ndar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$5,600.00	☐ Wages, commissions, bonuses, tips	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Operating a business

Official Form 107

☐ Operating a business

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Case 17-22357 Page 36 of 54 Document ase number (if known) Debtor 1 Shannon M. Kent Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$14,252.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$14,824.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

Go to line 7. ☐ Yes

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe

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Debtor 1 Shannon M. Kent

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Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and ar	u are a generary ny managing a	al partner; corporations agent, including one for
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		•		ccount of a d	ebt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment ditor's name
Pa	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of th	ne case
	 Check all that apply and fill in the details below No. Go to line 11. ☐ Yes. Fill in the information below. Creditor Name and Address 	Describe the Property		Date	·	Value of the
		Explain what happened	I			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes		erty in the possess	on of an assigne	e for the ben	efit of creditors, a
D-						
	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts	s with a total value	of more than \$60	0 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave	Value
	Person to Whom You Gave the Gift and Address:					

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Dei	Snannon M. Kent			Jase number (if known)	
14.	Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or		, , , ,	ns with a tota	l value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ıptcy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of the	ft, fire, other disaster
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the log the amount that insurance has paid. Log claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfer	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition Include Incl	preparii preparer	ng a bankruptcy petition?	vices required		Amount of payment
	Person Who Made the Payment, if Not Y David M. Siegel & Associates 790 Chaddick Drive Wheeling, IL 60090	rou	Attorney Fees		5/17 - 7/17	\$1,100.00
17.	Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer that No Yes. Fill in the details.	ditors o	r to make payments to your creditor		r transfer any prope	erty to anyone who
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have also No Yes. Fill in the details.	u r busin s made a	ess or financial affairs? as security (such as the granting of a s			
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts	Date transfer was made

Person's relationship to you

paid in exchange

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Debtor 1 Shannon M. Kent

19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 					
	Name of trust	Description and v	alue of the prop	perty trans	ferred	Date Transfer was made
Par	List of Certain Financial Accounts, Inst	truments, Safe Deposit	Boxes, and Sto	orage Units	S	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ ■ No □ Yes. Fill in the details.	other financial accour	nts; certificates	of deposit		
		Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yo	ear before you filed for	bankruptcy, ar	ny safe dep	osit box or other deposit	ory for securities,
	□ No■ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
	Chase Bank	same		papers		□ No ■ Yes
22.	Have you stored property in a storage unit or	r place other than your	home within 1	year befor	e you filed for bankrupto	y?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?
Par	9: Identify Property You Hold or Control f	or Someone Else				
23.	Do you hold or control any property that son for someone.	neone else owns? Inclu	ude any propert	y you borr	owed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S		Describe t	the property	Value

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Case number (if known)

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Document

Debtor 1 Shannon M. Kent

Part 10: Give Details About Environmental Information

For th	e pur	pose	of Pa	art 10), the	following	definitions	appl	ly:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or
toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or
regulations controlling the cleanup of these substances, wastes, or material.
Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

to own, operate, or utilize it, including disposal sites.

	100	with operate, or utilize it, including disp	osai sites.		
		<i>ardous material</i> means anything an en ardous material, pollutant, contaminan	vironmental law defines as a hazardous t, or similar term.	waste, hazardous substance, toxic	substance,
Rep	ort a	II notices, releases, and proceedings the	hat you know about, regardless of when	they occurred.	
24.	Has	any governmental unit notified you that	at you may be liable or potentially liable	under or in violation of an environm	ental law?
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit o	f any release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	6. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.				
■ No □ Yes. Fill in the details.					
	-	se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pa	rt 11:	Give Details About Your Business or	Connections to Any Business		
27.	With	nin 4 years before you filed for bankrup	otcy, did you own a business or have any	y of the following connections to an	y business?
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time	
		☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	p (LLP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing ex	xecutive of a corporation		
		☐ An owner of at least 5% of the votil	ng or equity securities of a corporation		
		No. None of the above applies. Go to	Part 12.		
		Yes. Check all that apply above and fi	II in the details below for each business.		
	Add	siness Name dress	Describe the nature of the business	Employer Identification number Do not include Social Security	
	(Nur	mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	

Filed 07/27/17 Entered 07/27/17 12:45:47 Desc Main Page 41 of 54 Case number (if known) Document Debtor 1 Shannon M. Kent 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shannon M. Kent Signature of Debtor 2 Shannon M. Kent Signature of Debtor 1 Date July 27, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☐ Yes

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Shannon M. Kent	t		
	First Name	Middle Name	Last Name	
Debtor 2 Spouse if, filing)	First Name	Middle Name	Last Name	
spouse ii, iiiirig)	riist Name	Middle Name	Last Name	
Jnited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
if known)				☐ Check if this is an amended filing
Statemen	nt of Intentio		uals Filing Under (Chapter 7 12/1
you are an indi	nt of Intentio	pter 7, you must fill out t		Chapter 7 12/15
you are an individual creditors have	vidual filing under cha e claims secured by yo ed personal property a	pter 7, you must fill out to our property, or and the lease has not exp	this form if:	•
you are an individual creditors have you have least ou must file this	vidual filing under cha e claims secured by you ed personal property a s form with the court w ver is earlier, unless th	opter 7, you must fill out to our property, or and the lease has not exp vithin 30 days after you f	this form if: pired. ile your bankruptcy petition or by	The date set for the meeting of creditors, copies to the creditors and lessors you lis
you are an individual creditors have you have least ou must file this whicher on the f	vidual filing under cha e claims secured by you ed personal property a s form with the court we ver is earlier, unless the	opter 7, you must fill out to our property, or and the lease has not exp within 30 days after you f ne court extends the time	chis form if: Dired. ile your bankruptcy petition or by e for cause. You must also send o	the date set for the meeting of creditors,

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	□ 140
	Retain the property and redeem it.	□Yes
Description of	Reaffirmation Agreement.	
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
	☐ Retain the property and enter into a	□Yes
Description of	Reaffirmation Agreement.	
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debto	r 1 Shannon	M. Kent	Case number (if	known)
nan	ne:		☐ Retain the property and redeem it.	☐ Yes
Des	scription of		Retain the property and enter into a Reaffirmation Agreement.	
	perty		Retain the property and [explain]:	
sec	uring debt:			
Part 2	List Your U	nexpired Personal Property Leases		
n the i	information bel	ow. Do not list real estate leases. Une	n Schedule G: Executory Contracts and Une xpired leases are leases that are still in effe ne trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Descr	ibe your unexp	ired personal property leases		Will the lease be assumed?
Lesso	r's name:	JNL Management Services, LLC	:	□ No
				■ Yes
Descri Prope	iption of leased rty:	Yearly 10/17		
Part 3	Sign Below			
		ury, I declare that I have indicated my ct to an unexpired lease.	intention about any property of my estate th	at secures a debt and any personal
χ /:	s/ Shannon M	. Kent	X	
_	Shannon M. Ko Signature of Deb	****	Signature of Debtor 2	
	Date July 2	7, 2017	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-22357 Doc 1 Filed 07/27/17 Entered 07/27/17 12:45:47 Desc Main Document Page 48 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e Shannon M. I	(ent					Case No.		
111 1	<u> </u>	10111			Debtor(s)		Chapter	7	
				OMPENSATI				` ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:								
				ot				1,300.00	
	Prior to the fili	ng of t	his statement I have	e received		\$		1,100.00	
	Balance Due					\$		200.00	
2.	The source of the co	mpen	sation paid to me w	as:					
	Debtor		Other (specify):						
3.	The source of comp	ensatio	on to be paid to me	is:					
	Debtor		Other (specify):						
4.	■ I have not agree	d to sł	nare the above-discl	osed compensation	with any other pe	erson unless the	ey are memb	pers and associates	of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.								
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:								
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; 								
		 c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 							
	Negotiati agreemei	ons w	vith secured cred	ditors to reduce t s needed; prepar Id goods.	o market value ration and filing	e; exemption g of motions	planning; pursuant	filing of reaffirn to 11 USC 522(f	nation)(2)(A) for
6.		tatio		in any discharge			avoidance	es (except in Ch	apter 13
				CERT	TIFICATION				
this	I certify that the forebankruptcy proceeding	egoing ng.	; is a complete state	ment of any agreem	ent or arrangeme	nt for payment	to me for re	epresentation of the	e debtor(s) in
	July 27, 2017				/s/ David M. S	Siegel			
_	Date				David M. Sie				
					Signature of At	ttorney gel & Associ	ates		
					790 Chaddic		4.00		
					Wheeling, IL				
					(847) 520-810 Name of law fit				
1					Trance of war fil				

Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
 - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
 - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
 - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
 - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

Important Bankruptcy Information

Debts that are Discharged

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

Debts that are Not Discharged

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

- a) Debts for most taxes;
- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;

- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

I this agreement in its entirety, understands it fully, has had an
If this agreement in its entirety, understands it fully, has had an agreement, is satisfied with it, and accepts it in its entirety.
Signed: Sharum Sh
Print: Shannon Hent
Signed:
Print:
Attorney for David M. Siegel

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United States Bankruptcy CourtNorthern District of Illinois

		Tion then District of Hillions							
In re	Shannon M. Kent		Case No.						
		Debtor(s)	Chapter	7					
	VERIFICATION OF CREDITOR MATRIX								
		Number of	Creditors:	30					
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of n (our) knowledge.								
Date:	July 27, 2017	/s/ Shannon M. Kent Shannon M. Kent Signature of Debtor							

Alliance Collection Ag 3916 S Business Park Ave Marshfield, WI 54449

Aurora Health Care Southern Lakes 10400 75th Street Kenosha, WI 53142

Aurora Medical Group PO Box 49 Pittsburgh, PA 15230-0049

Bank of America Bankruptcy Department CA6-919-0241, PO Box 5170 Simi Valley, CA 93062

Bank of America PO Box 982238 El Paso, TX 79998-2238

Berkshire Bank Po Box 472 Kingston, NJ 08528

Cavalry Portfolio Serv 500 Summit Lake Drive Valhalla, NY 10595

CB/Carsons PO Box 182789 Columbus, OH 43218

CB/HSN PO Box 182120 Columbus, OH 43218-2120

Chase Home Finance LLC PO Box 24696 Columbus, OH 43224

Citi Attn: Bankruptcy Department PO Box 6241 Sioux Falls, SD 57717 Citi PO Box 6500 Sioux Falls, SD 57117-6500

Citibank NA PO Box 769006 San Antonio, TX 78245

Comcast PO Box 3002 Southeastern, PA 19398-3002

Comcast
Bankruptcy Department
11621 E. Marginal Way 5
Tukwila, WA 98168-1965

Comenity Bank/Carsons 3100 Easton Square Pl. Columbus, OH 43219

Debt Cr Svc 2493 Romig Road Akron, OH 44320

Discover Bank PO Box 15316 Wilmington, DE 19850

Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256

IC Systems, Inc. PO Box 64378 Saint Paul, MN 55164-0378

IC Systems, Inc. PO Box 64437 Saint Paul, MN 55164-0437

Jeffersncp (Jefferson Capital Syste 16 McLeland Rd. Saint Cloud, MN 56303

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Professional Placement 272 N 12th St Milwaukee, WI 53233

Sprint PO Box 4191 Carol Stream, IL 60197-4191

Sprint Corp.
Attn: Bankruptcy Dept.
PO Box 7949
Overland Park, KS 66207-0949

Syncb/Home Shopping Po Box 965005 Orlando, FL 32896

Verizon Bankruptcy Nat'l Recovery Dept PO Box 26055 Minneapolis, MN 55426

We Energies PO Box 2046 Milwaukee, WI 53201-2046

World Financial 4060 Northpoint Blvd. Waukegan, IL 60085